## CHANGE OF ADDRESS ONLY

## **Employee Affidavit**

## **Residents Preference Program**

| income tax, obtain my driver's license, etc. at              |                                      |                   |
|--|--------------------------------------|-------------------|
|  | (Address)                            | (Zip Code         |
| Residency status:  |                                      |                   |
| To verify my resident status, attached pleas                 | <b>O</b> ,                           | wo)               |
| Copy of my voter's certification Copy of my last year's Form |                                      |                   |
| Copy of my current Wiscon                                    | sin Driver's License or State        | e ID.             |
| Copy of Other (i.e., Utility b                               | oill, Lease, etc.)                   |                   |
|  |                                      |                   |
|  |                                      |                   |
|  |                                      |                   |
| WORK HISTORY   | Print Name                           |                   |
| Construction Skills:,,,,                                     |                                      |                   |
| Years of Experience:,,                                       | Sign Name                            |                   |
|  | Social Security Number               |                   |
|  | •                                    |                   |
|  | Home Telephone Number                | •                 |
| Subscribed and sworn to me thisday                           |                                      |                   |
| Of,A.D.  |                                      |                   |
| My Commission Expires  |                                      |                   |
| 1  |                                      |                   |
| Notary Public Milwaukee County                               |                                      |                   |
|  | ed form and required attachments to: | ilwaukee WI 53202 |